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CONFIRMATION NO. 8637

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|---|---|-------------------------------|---|-----------------------------------|--------------------------------|
| SERIAL NUMBER 10/666,428 | FILING OR 371(c) DATE 09/22/2003 RULE | CLASS 128 | GROUP ART UNIT 3771 | ATTORNEY DOCKET NO. TBD | |
| APPLICANTS Joseph Dee Faram, Dallas, TX; <i>AB</i> | | | | | |
| ** CONTINUING DATA ***** <i>AB</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>AB</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/12/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Adm Bandt</i> Acknowledged <i>AB</i> Examiner's Signature Initials | | STATE OR COUNTRY TX | SHEETS DRAWING 7 | TOTAL CLAIMS 48 | INDEPENDENT CLAIMS 5 |
| ADDRESS 50639 | | | | | |
| TITLE Continuous high-frequency oscillation breathing treatment apparatus | | | | | |
| FILING FEE RECEIVED 711 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |